STATE FORM

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFY		(X1) PROVIDER/SUPPLIER/CLIA	VSUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
FCL084002		SECTIFICATION NUMBER:	A. BUILDING: 01			COMPLETED	
		B. WNG		inina			
NAME OF BROADSID OR HUMBER			DORESS, CITY, STATE, ZIP CODE			06/17/2018	
REVE	R YOUNG RETREAT	44913 BY	YRD ROAD	)			
X4) ID	BUMMARY STA	TEMENT OF DEFICIENCIES	RLE, NC				
TAG	ENA LEACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPLICATION OF CORRECT CORRE		OULD BE COMBI		
C 000	Initial Comments		C 000				
	Report by Suzanna	Fay					
	DHSR Construction Survey on June 17.	Section conducted a Biennial					
- 1	Survey on June 17, 2015 from 11:15 AM to 12:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on June 17, 1998 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance			CONSTRUCTION CECT	104		
- 15				JON. 1 & 2015			
				REC /FD			
quiling a tire or ot		emergency.) Based on this		1 March 1 1 2 3 3	J !		
	compliance with the	following: the 1992 Family					
10	or the 2005 Rules 10	10: 42C, applicable portions A NCAC 13G for Family					
18	Jare Homes and the	1996 (1998 Revision) North					
	At the time of our visi equire an acceptable are as follows:	it, we cited deficiencies that plan of correction. They					
174 B	luilding Equipment N	faintained Safe, Operating	C 174		ĺ		
1 E	QUIPMENT	BUILDING SERVICE			!		
C	echanical, and plum are home shall be m	all fire safety, electrical, abing equipment in a family sintained in a safe and					
(0)	perating condition. ) This Rule shall ap mily care homes.	ply to new and existing					
T	nle Rule is not met a	as evidenced by:		The Sink will be repaired. Washing for by Date	nd		
i ha	At the time of this a throom adjacent to owly. Have a quainte	aurvey, the sink in the aundry was draining very ad person repair the sink so Provide documentation of		Wastery Fre 69 Date		1/18/15	
of Health	i Service Regulation				i		
See Print	THE PORT OF THE PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNA	ture <u>Vella</u>	TITLE	Nistmat	DATE	

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/GUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY DENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED FCL084002 B, WING 08/17/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE FOREVER YOUNG RETREAT 44913 BYRD ROAD ALBEMARLE, NC 28001 (X4) ID PREFIX **SUMMARY STATEMENT OF DEFICIENCIES** (EACH DEFICIENCY MUST BE PRECEDED BY FULL ΙD PROVIDER'S PLAN OF CORRECTION (2000)REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 174 Continued From page 1 C 174 the repairs through copies of receipts or work Storm door At Utillity Room 7/18/15 Observations revealed that the outside handle was taken down of the storm door at the Utility Room was broken off. Have a qualified person replace the door handle. Provide documentation of the repairs through photos, receipts or work orders. Observations revealed that the exterior dryer Exterior dryer cap will be cap had been pushed out and was detached from 7/31/15 completed to me code the wall. Have a qualified person secure the dryer cap to the wall to eliminate any exterior wall penetrations. Provide documentation of the repairs through photos, receipts or work orders. Observations revealed that the right hand reil Right hand Rail of ramp will be fixed by of the exterior ramp was loose. Have a qualified 7/18/15 person secure the rail. Provide documentation of the repairs through receipts or work orders. C 104 Construction-Attic C 104 T10: 42C .2102 CONSTRUCTION (d) The attic is not to be used for storage or Aitic will be cleanwell out 7/18/15 to meet code and kept clean sleeping. This Rule is not met as evidenced by: At the time of this survey, there were a few items being stored in the attic. Remove the stored Items. Provide verification of the correction through photos. C 139 Outside Entrances/Exits-Free of Obstructions C 139 T10: 42C .2209 OUTSIDE ENTRANCES AND EXITS Olvision of Health Service Regulation STATE FORM

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DIVIBION OF HEAlth SO STATEMENT OF DEFICIEN	CIED WAY BROWN THE COMMENT OF THE CO	Trues salabora			APPROVE	
AND PLAN OF CORRECTS	IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING		(X3) DATE SURVEY COMPLETED 06/17/2015	
	FCL084002	B. WNG				
IAME OF PROVIDER OR 8	UPPLIER STREE	TADDRESS, CITY, S	STATE, ZIP CODE	06/	17/2016	
OREVER YOUNG RE		BYRD ROAD	, , , , , , , , , , , , , , , , , , ,			
	ALBE	MARLE, NC 280	101			
TAG REGULAY	MARY BTATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL DRY OR LISC IDENTIFYING INFORMATION)	PREFIX YAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	LSHOULD BE	(X8) COMPLETE DATE	
(e) All entrobstructions instant use instant use in This Rule is 1. Observativindow in the blocked by fivindow is the clear path the furniture a clear path	ances/exits must be free of all or impediments to allow for full in case of fire or other emergency.  Interest as evidenced by: Ions revealed that the exterior e Staff bedroom downstairs was urniture and stored Items. The avenue for emergency egress and should be maintained. Rearrange and items in the bedroom to provide of egress in case of emargency, imentation of the repairs through a	d a	All exits an entra from obstractions and fine.  Exterior window; and ream was demand and clement path was a grea.	· ·	7/15/15	